

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

<p>Full Name (Last, First, Middle Initial) A. Joshua S Dines MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 19 / 2015 Transaction ID : 7307179</p>		
<p>Mailing Address 39 Kings Lane</p>			<p>Amount of Each Receipt this Period 500.00</p>		
<p>City Southampton</p>	<p>State NY</p>	<p>Zip Code 11968</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) B. Peter C Janes MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 19 / 2015 Transaction ID : 7307194</p>		
<p>Mailing Address P.O. Box 1303</p>			<p>Amount of Each Receipt this Period 1000.00</p>		
<p>City Frisco</p>	<p>State CO</p>	<p>Zip Code 80443</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer Vail Summit Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 1000.00</p>			
<p>Full Name (Last, First, Middle Initial) C. Julius Stephen Brecht MD</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 19 / 2015 Transaction ID : 7307195</p>		
<p>Mailing Address 25 Chatham Rd</p>			<p>Amount of Each Receipt this Period 250.00</p>		
<p>City Longmeadow</p>	<p>State MA</p>	<p>Zip Code 01106</p>			
<p>FEC ID number of contributing federal political committee. C</p>					
<p>Name of Employer New England Ortho Surgeons</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 250.00</p>			
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>1750.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					